| Fill in this information to identify your case: | | | |
|---|--|---|--|
| Tammi S Terrell | | | |
| First Name | Middle Name | Last Name | |
| | | | |
| First Name | Middle Name | Last Name | |
| ankruptcy Court for the: | SOUTHERN DISTRICT | OF MISSISSIPPI | |
| 25-50490 | | | |
| | | | |
| 6 | First Name First Name First Name Ankruptcy Court for the: | Tammi S Terrell First Name Middle Name First Name Middle Name ankruptcy Court for the: SOUTHERN DISTRICT | Tammi S Terrell First Name Middle Name Last Name First Name Middle Name Last Name ankruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | t 1: Summarize Your Assets | | |
|-----|--|--------------|-------------------------|
| | | Your as | ssets f what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 51,517.64 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 51,517.64 |
| Par | t 2: Summarize Your Liabilities | | |
| | | Your lia | abilities you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 62,866.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 35,901.28 |
| | Your total liabilities | \$ | 98,767.28 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,695.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,505.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sch | edules. |
| 7. | ■ Yes What kind of debt do you have? | | |

the court with your other schedules.

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

25-50490-KMS Dkt 16 Filed 05/12/25 Entered 05/12/25 11:04:24 Page 2 of 9

Debtor 1 Tammi S Terrell Case number (if known) 25-50490

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____5,391.97

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Fill in this infor | mation to identify your | case: | | | |
|--|---|--|--|---|---------------------------------|
| Debtor 1 | Tammi S Terrell | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| | | | | | |
| United States Ba | ankruptcy Court for the: | SOUTHERN DISTI | RICT OF MISSISSIPPI | | |
| Case number | 25-50490 | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |
| O((; -; -) E | 4005/5 | | | | |
| Official Forr | | ,, ,, ,, | | | 40/4 |
| | F: Creditors W | | | Part 2 for creditors with NONPRIORIT | 12/15 |
| Schedule D: Credit left. Attach the Cor name and case nu | tors Who Have Claims Sec ntinuation Page to this pag mber (if known). | cured by Property. If mo ge. If you have no infor | ore space is needed, copy t | any creditors with partially secured the Part you need, fill it out, number to not file that Part. On the top of an | the entries in the boxes on the |
| | All of Your PRIORITY Ur | | | | |
| _ ` | ors have priority unsecure | ed claims against you? | | | |
| No. Go to F | Part 2. | | | | |
| ☐ Yes. | | | | | |
| Part 2: List A | II of Your NONPRIORIT | Y Unsecured Claim | \$ | | |
| | ors have nonpriority unse | | | | |
| _ ' | | | he court with your other sche | dulos | |
| | ive nothing to report in this p | art. Submit this form to t | ne court with your other sche | sudies. | |
| Yes. | | | | | |
| unsecured clai | im, list the creditor separatel | y for each claim. For each | ch claim listed, identify what t | holds each claim. If a creditor has mype of claim it is. Do not list claims alre three nonpriority unsecured claims fill of | ady included in Part 1. If more |
| | | | | | Total claim |
| 4.1 Capital | One | Last 4 | digits of account number | 0993 | \$260.00 |
| • | ty Creditor's Name | | | | |
| Attn: B Po Box | ankruptcy - 30285 | When | was the debt incurred? | Opened 03/23 Last Active 9/18/23 | |
| | ke City, UT 84130 | Wileii | was the debt incurred: | 9/10/23 | |
| Number S | Street City State Zip Code | | he date you file, the claim i | s: Check all that apply | |
| Who incu | urred the debt? Check one. | | | | |
| Debto | r 1 only | ☐ Cor | ntingent | | |
| ☐ Debto | r 2 only | ☐ Unl | iquidated | | |
| ☐ Debto | r 1 and Debtor 2 only | ☐ Dis | | | |
| ☐ At leas | st one of the debtors and an | | f NONPRIORITY unsecured | I claim: | |
| | k if this claim is for a com | illullity | dent loans | | |
| debt | im subject to offset? | Obl | igations arising out of a sepa as priority claims | ration agreement or divorce that you di | d not |
| ■ No | an subject to onset? | | | g plans, and other similar debts | |
| | | | • | | |
| ☐ Yes | | ■ Oth | er. Specify Credit Card | | |

| Debloi | lammi S Terreii | | 25-50490 | |
|--------|--|--|---|-------------|
| 4.2 | Colonial Auto Finance | Last 4 digits of account number | 4423 | \$8,013.14 |
| | Nonpriority Creditor's Name Attn: Bankruptcy 1805 N 2nd St Ste 401 | When was the debt incurred? | Opened 08/22 Last Active 7/30/24 | |
| | Rogers, AR 72756 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | Other. Specify Repossess | ion Deficiency | |
| 4.3 | Credit Acceptance Nonpriority Creditor's Name | Last 4 digits of account number | 4431 | \$18,019.14 |
| | Attn: Bankruptcy 25505 West 12 Mile Rd Ste 3000 | When was the debt incurred? | Opened 02/18 Last Active 6/07/24 | |
| | Southfield, MI 48034 | | See Object of the Land | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Repossess | ion Deficiency | |
| 4.4 | First Progress | Last 4 digits of account number | 0219 | \$172.00 |
| | Nonpriority Creditor's Name | - | | <u> </u> |
| | Attn: Bankruptcy Po Box 9053 Johnson City, TN 37615 | When was the debt incurred? | Opened 05/20 Last Active 6/09/21 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | ng plane, and other similar debt- | |
| | ■ No | Debts to pension or profit-sharin | | |
| | □ Yes | ■ Other. Specify Credit Card | 1 | |

| lammi S Terreii | | 25-50490 <u>25-50490</u> | |
|---|--|---|--|
| First Progress | Last 4 digits of account number | 6175 | \$172.00 |
| Attn: Bankruptcy Po Box 9053 | When was the debt incurred? | Opened 05/20 Last Active 6/09/21 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| · | • | d claim: | |
| _ | ☐ Student loans | | |
| debt | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| _ | Debts to pension or profit-sharir | ng plans, and other similar debts | |
| □Yes | | | |
| | . , | | |
| Kikoff | Last 4 digits of account number | SQ2V | \$50.00 |
| Attn: Bankruptcy 75 Broadway | When was the debt incurred? | Opened 12/21 Last Active 05/23 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | • | , | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | | | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | ration agreement or divorce that you did not | |
| _ | | | |
| | · | | |
| Yes | Other. Specify Charge Acc | count | |
| Network Services, Inc | Last 4 digits of account number | 0009 | \$419.00 |
| Attn: Bankruptcy Po Box 1725 | When was the debt incurred? | Opened 10/22 Last Active 06/22 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |
| | First Progress Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9053 Johnson City, TN 37615 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Kikoff Nonpriority Creditor's Name Attn: Bankruptcy 75 Broadway San Francisco, CA 94111 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Network Services, Inc Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1725 Hattiesburg, MS 39403 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? Check if this claim is for a community debt Is better 1 only Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? No No | First Progress Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9053 Johnson City, TN 37615 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only | Last 4 digits of account number 6175 |

| Debtor | 1 Tammi S Terrell | | Case number (if known) 25-50490 | |
|--------|---|---|--|----------|
| 4.8 | Self Financial, Inc. | Last 4 digits of account number | 7873 | \$154.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy 515 Congress Ave Ste 1550 | When was the debt incurred? | Opened 8/14/20 Last Active 6/01/21 | |
| | Austin, TX 78701 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| 4.9 | Sezzle | Last 4 digits of account number | 2511 | \$317.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3320 | When was the debt incurred? | Opened 06/21 Last Active 06/23 | |
| | Minneapolis, MN 55403 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | \square Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Check Cred | lit Or Line Of Credit | |
| 4.1 | Speedy Cash*** Nonpriority Creditor's Name | Last 4 digits of account number | | \$350.00 |
| | Attn: Bankruptcy P. O. Box 780408 | When was the debt incurred? | 05/2021 | |
| | Wichita, KS 67278 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | \square Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |

| Debtor | 1 Tammi S | Terrell | | Case nun | nber (if knov | wn) | 25-50 |)490 | |
|-------------------|---|--|---|--------------------|----------------|----------|------------|------------|-------------------------|
| 4.1 | Sunrise Cr | | Last 4 digits of account number | 8695 | | | | | \$2,755.00 |
| | Nonpriority Cre Attn: Bank Po Box 900 Melville, N | ruptcy 04 | When was the debt incurred? | Opene 01/23 | ed 05/24 | Last | Active | ! | |
| | Number Street | City State Zip Code the debt? Check one. | As of the date you file, the claim | is: Check a | all that apply | / | | | |
| | Debtor 1 or | nly | ☐ Contingent | | | | | | |
| | Debtor 2 on | nly | ☐ Unliquidated | | | | | | |
| | Debtor 1 an | nd Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one | e of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if th | is claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim su | ubject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agre | eement or di | ivorce | :hat you d | did not | |
| | ■ No | | Debts to pension or profit-sharir | ng plans, ar | nd other sim | nilar de | ots | | |
| | ☐ Yes | | ■ Other. Specify Collection | Attorney | At T Mo | bility | <u> </u> | | |
| 4.1 | Verizon Wi | reless | Last 4 digits of account number | 0001 | | | | | \$5,220.00 |
| | Nonpriority Cre Attn: Bank 500 Techno Ste 599 | ruptcy | When was the debt incurred? | Opene 7/18/22 | ed 01/18 2 | Last | Active | ! | |
| | Number Street | rings, MO 63304 City State Zip Code the debt? Check one. | As of the date you file, the claim | is: Check a | all that apply | / | | | |
| | ■ Debtor 1 or | nly | ☐ Contingent | | | | | | |
| | Debtor 2 on | nly | ☐ Unliquidated | | | | | | |
| | Debtor 1 an | nd Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one | e of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | | is claim is for a community | ☐ Student loans | | | | | | |
| | debt | | ☐ Obligations arising out of a sepa | aration agre | eement or di | ivorce | that you c | did not | |
| | Is the claim su | ubject to offset? | report as priority claims | | | | | | |
| | ■ No | | Debts to pension or profit-sharing | ng plans, ar | nd other sim | ilar de | ots | | |
| | ☐ Yes | | Other. Specify | | | | | | |
| Part 3: | List Other | s to Be Notified About a Debt | That You Already Listed | | | | | | |
| is tryi have ı | ng to collect from | om you for a debt you owe to some | ut your bankruptcy, for a debt that yeone else, list the original creditor in ou listed in Parts 1 or 2, list the addi ubmit this page. | Parts 1 o | r 2, then lis | t the c | ollection | n agency l | here. Similarly, if you |
| Part 4: | Add the A | mounts for Each Type of Unse | cured Claim | | | | | | |
| | the amounts of of unsecured cl | | . This information is for statistical r | eporting p | urposes or | nly. 28 | U.S.C. § | 159. Add | the amounts for each |
| | | | | | | Total | Claim | | |
| Total | 6a. | Domestic support obligations | | 6a. | \$ | | | 0.00 | |
| claims from Pa | art 1 6b. | Taxes and certain other debts yo | ou owe the government | 6b. | \$ | | | 0.00 | |
| | 6c. | - | - | 6c. | \$ | | | 0.00 | |
| | 6d. | Other. Add all other priority unsecu | ured claims. Write that amount here. | 6d. | \$ | | | 0.00 | |
| | 6e. | Total Priority. Add lines 6a throug | h 6d. | 6e. | \$ | | | 0.00 | |
| | | | | | | Total | Claim | | _ |

Total

Student loans

6f.

0.00

| Debtor 1 Ta | mmi S | Terrell | Case nu | umber (if known) | 25-50490 | |
|-----------------------|------------|---|------------|------------------|-----------|--|
| claims from Part 2 | 6g. 6h. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | 6g. 6h. | \$ | 0.00 | |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 35,901.28 | |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 35,901.28 | |

| Fill in this info | rmation to identify your | case: | | |
|---|--------------------------|-------------------|----------------|--|
| Debtor 1 | Tammi S Terrell | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | SOUTHERN DISTRICT | OF MISSISSIPPI | |
| Case number (if known) | 25-50490 | | | |
| | | | | |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|--|---|
| Did you pay or agree to pay someone who is | NOT an attorney to help you fill out bankruptcy forms? |
| ■ No | |
| Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| Under penalty of perjury, I declare that I have that they are true and correct. X /s/ Tammi S Terrell Tammi S Terrell | read the summary and schedules filed with this declaration and X Signature of Debtor 2 |
| Signature of Debtor 1 | - |

Official Form 106Dec